

Custom Trays: (4 stops and outline scribed by dentist Made from TRIAD Material no shellac Vacuform)		Total 70	
Crown and bridge custom tray	\$ _____	\$ _____	12
Complete denture custom tray	\$ _____	\$ _____	45
Partial denture custom tray	\$ _____	\$ _____	13

Bite Block/Bite Rim for Dentures (TRIAD material not shellac Vacuform)	\$ _____	\$ _____	58
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Partial Dentures: The framework has already been made by the VA Central Lab		Total 13	
Set-up charge:	\$ _____	\$ _____	13
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	6
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	7
Process and finish charge:	\$ _____	\$ _____	13
Does finish Charge include Identification		YES _____	
		NO _____	
If No, what is additional charge for Identification	\$ _____		

Complete Dentures:		Total 45	
A. Set up charge	\$ _____	\$ _____	45
Additional charge for IPN teeth (1x14)	\$ _____	\$ _____	45
B. Process and finish	\$ _____	\$ _____	45
Does this include Identification		YES _____	
		NO _____	
If no, what additional charge for Identification	\$ _____		

Crown and Bridge (includes pouring impressions and making dies		Total 6 Units	
A. Crown: porcelain with Noble metal	\$ _____	\$ _____	2
B. Crown: full cast Noble metal	\$ _____	\$ _____	1
C. Bridge Abutment: Crown porcelain with Noble metal	\$ _____	\$ _____	2
D. Bridge Abutment Crown full cast Noble metal	\$ _____	\$ _____	1

SCHEDULE OF PRICES AND DESCRIPTION OF SERVICES

Contractor shall fabricate and furnish the following dental products in accordance with the terms and conditions herein for the VA Medical Center, Erie, PA.

OPTION YEAR 1 – September 1, 2014 through August 31, 2015

	Unit Cost	Total Cost	Est. Volume
Repairs:		Total 70	
Basic Acrylic Repair (i.e. crack or broken flange)	\$ _____	\$ _____	12
Charge for adding 1 tooth in addition to basic repair (lab determines tooth brand)	\$ _____	\$ _____	25
Additional charge per tooth using IPN anterior	\$ _____	\$ _____	10
Additional charge per tooth using IPN posterior	\$ _____	\$ _____	10
Adding clasp in addition to basic repair:			
wrought wire	\$ _____	\$ _____	5
cast clasp	\$ _____	\$ _____	2
Wire reinforcement in addition to acrylic repair	\$ _____	\$ _____	3
Mesh reinforcement in addition to acrylic repair	\$ _____	\$ _____	2
Weld to Partial with repair	\$ _____	\$ _____	1
Relines:			
Complete Denture	\$ _____	\$ _____	10
Partial Denture	\$ _____	\$ _____	2
Rebases:			
Complete Denture	\$ _____	\$ _____	1
Partial Denture	\$ _____	\$ _____	1
All acrylic partial (flipper) 1 tooth (labs choice in tooth brand)	\$ _____	\$ _____	5
Charge for each additional tooth (labs choice of tooth brand)	\$ _____	\$ _____	5
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	2
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	2
All acrylic partial additional charge for each cast clasp	\$ _____	\$ _____	2
All acrylic partial additional charge for each wrought iron clasp	\$ _____	\$ _____	2
Repairable flexible acrylic partial such as Duraflex:		Total 12	
1 tooth (labs choice of tooth brand)	\$ _____	\$ _____	1
Additional charge for each additional tooth (labs choice of tooth brand)			
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	9
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	2
Custom Trays:		Total 70	
(4 stops and outline scribed by dentist)			

Made from TRIAD Material no shellac
Vacuform)

Crown and bridge custom tray	\$ _____	\$ _____	12
Complete denture custom tray	\$ _____	\$ _____	45
Partial denture custom tray	\$ _____	\$ _____	13

Bite Block/Bite Rim for Dentures (TRIAD material not shellac Vacuform)	\$ _____	\$ _____	58
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Partial Dentures:

The framework has already been made by the VA Central Lab Total 13

Set-up charge:	\$ _____	\$ _____	13
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	6
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	7

Process and finish charge:	\$ _____	\$ _____	13
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Does finish Charge include Identification YES _____
NO _____

If No, what is additional charge for Identification \$ _____

Complete Dentures: Total 45

A. Set up charge	\$ _____	\$ _____	45
Additional charge for IPN teeth (1x14)	\$ _____	\$ _____	45
B. Process and finish	\$ _____	\$ _____	45

Does this include Identification YES _____
NO _____

If no, what additional charge for Identification \$ _____

Crown and Bridge (includes pouring impressions and making dies Total 6 Units

A. Crown: porcelain with Noble metal	\$ _____	\$ _____	2
B. Crown: full cast Noble metal	\$ _____	\$ _____	1
C. Bridge Abutment: Crown porcelain with Noble metal	\$ _____	\$ _____	2
D. Bridge Abutment Crown full cast Noble metal	\$ _____	\$ _____	1

SCHEDULE OF PRICES AND DESCRIPTION OF SERVICES

Contractor shall fabricate and furnish the following dental products in accordance with the terms and conditions herein for the VA Medical Center, Erie, PA.

OPTION YEAR 2 – September 1, 2015 through August 31, 2016

	Unit Cost	Total Cost	Est. Volume
Repairs:		Total 70	
Basic Acrylic Repair (i.e. crack or broken flange)	\$ _____	\$ _____	12
Charge for adding 1 tooth in addition to basic repair (lab determines tooth brand)	\$ _____	\$ _____	25
Additional charge per tooth using IPN anterior	\$ _____	\$ _____	10
Additional charge per tooth using IPN posterior	\$ _____	\$ _____	10
Adding clasp in addition to basic repair:			
wrought wire	\$ _____	\$ _____	5
cast clasp	\$ _____	\$ _____	2
Wire reinforcement in addition to acrylic repair	\$ _____	\$ _____	3
Mesh reinforcement in addition to acrylic repair	\$ _____	\$ _____	2
Weld to Partial with repair	\$ _____	\$ _____	1
Relines:			
Complete Denture	\$ _____	\$ _____	10
Partial Denture	\$ _____	\$ _____	2
Rebases:			
Complete Denture	\$ _____	\$ _____	1
Partial Denture	\$ _____	\$ _____	1
All acrylic partial (flipper) 1 tooth (labs choice in tooth brand)	\$ _____	\$ _____	5
Charge for each additional tooth (labs choice of tooth brand)	\$ _____	\$ _____	5
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	2
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	2
All acrylic partial additional charge for each cast clasp	\$ _____	\$ _____	2
All acrylic partial additional charge for each wrought iron clasp	\$ _____	\$ _____	2
Repairable flexible acrylic partial such as Duraflex:		Total 12	
1 tooth (labs choice of tooth brand)	\$ _____	\$ _____	1
Additional charge for each additional tooth (labs choice of tooth brand)			
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	9
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	2
Custom Trays:		Total 70	
(4 stops and outline scribed by dentist)			

Made from TRIAD Material no shellac
Vacuform)

Crown and bridge custom tray	\$ _____	\$ _____	12
Complete denture custom tray	\$ _____	\$ _____	45
Partial denture custom tray	\$ _____	\$ _____	13

Bite Block/Bite Rim for Dentures

(TRIAD material not shellac Vacuform)	\$ _____	\$ _____	58
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Partial Dentures:

The framework has already been made by the VA Central Lab Total 13

Set-up charge:	\$ _____	\$ _____	13
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	6
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	7

Process and finish charge:	\$ _____	\$ _____	13
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Does finish Charge include Identification YES _____

NO _____

If No, what is additional charge for Identification \$ _____

Complete Dentures:

Total 45

A. Set up charge	\$ _____	\$ _____	45
Additional charge for IPN teeth (1x14)	\$ _____	\$ _____	45
B. Process and finish	\$ _____	\$ _____	45

Does this include Identification YES _____

NO _____

If no, what additional charge for Identification \$ _____

Crown and Bridge (includes pouring impressions and making dies

Total 6 Units

A. Crown: porcelain with Noble metal	\$ _____	\$ _____	2
B. Crown: full cast Noble metal	\$ _____	\$ _____	1
C. Bridge Abutment: Crown porcelain with Noble metal	\$ _____	\$ _____	2
D. Bridge Abutment Crown full cast Noble metal	\$ _____	\$ _____	1

SCHEDULE OF PRICES AND DESCRIPTION OF SERVICES

Contractor shall fabricate and furnish the following dental products in accordance with the terms and conditions herein for the VA Medical Center, Erie, PA.

OPTION YEAR 3 – September 1, 2016 through August 31, 2017

	Unit Cost	Total Cost	Est. Volume
Repairs:		Total 70	
Basic Acrylic Repair (i.e. crack or broken flange)	\$ _____	\$ _____	12
Charge for adding 1 tooth in addition to basic repair (lab determines tooth brand)	\$ _____	\$ _____	25
Additional charge per tooth using IPN anterior	\$ _____	\$ _____	10
Additional charge per tooth using IPN posterior	\$ _____	\$ _____	10
Adding clasp in addition to basic repair:			
wrought wire	\$ _____	\$ _____	5
cast clasp	\$ _____	\$ _____	2
Wire reinforcement in addition to acrylic repair	\$ _____	\$ _____	3
Mesh reinforcement in addition to acrylic repair	\$ _____	\$ _____	2
Weld to Partial with repair	\$ _____	\$ _____	1
Relines:			
Complete Denture	\$ _____	\$ _____	10
Partial Denture	\$ _____	\$ _____	2
Rebases:			
Complete Denture	\$ _____	\$ _____	1
Partial Denture	\$ _____	\$ _____	1
All acrylic partial (flipper) 1 tooth (labs choice in tooth brand)	\$ _____	\$ _____	5
Charge for each additional tooth (labs choice of tooth brand)	\$ _____	\$ _____	5
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	2
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	2
All acrylic partial additional charge for each cast clasp	\$ _____	\$ _____	2
All acrylic partial additional charge for each wrought iron clasp	\$ _____	\$ _____	2
Repairable flexible acrylic partial such as Duraflex:		Total 12	
1 tooth (labs choice of tooth brand)	\$ _____	\$ _____	1
Additional charge for each additional tooth (labs choice of tooth brand)			
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	9
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	2
Custom Trays:		Total 70	
(4 stops and outline scribed by dentist)			

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Crown and bridge custom tray	\$ _____	\$ _____	12
Complete denture custom tray	\$ _____	\$ _____	45
Partial denture custom tray	\$ _____	\$ _____	13

Bite Block/Bite Rim for Dentures (TRIAD material not shellac Vacuform)	\$ _____	\$ _____	58
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Partial Dentures:

The framework has already been made by the VA Central Lab Total 13

Set-up charge:	\$ _____	\$ _____	13
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	6
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	7

Process and finish charge:	\$ _____	\$ _____	13
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Does finish Charge include Identification YES _____
NO _____

If No, what is additional charge for Identification \$ _____

Complete Dentures: Total 45

A. Set up charge	\$ _____	\$ _____	45
Additional charge for IPN teeth (1x14)	\$ _____	\$ _____	45
B. Process and finish	\$ _____	\$ _____	45

Does this include Identification YES _____
NO _____

If no, what additional charge for Identification \$ _____

Crown and Bridge (includes pouring impressions and making dies Total 6 Units

A. Crown: porcelain with Noble metal	\$ _____	\$ _____	2
B. Crown: full cast Noble metal	\$ _____	\$ _____	1
C. Bridge Abutment: Crown porcelain with Noble metal	\$ _____	\$ _____	2
D. Bridge Abutment Crown full cast Noble metal	\$ _____	\$ _____	1

Made from TRIAD Material no shellac
Vacuform)

Crown and bridge custom tray	\$ _____	\$ _____	12
Complete denture custom tray	\$ _____	\$ _____	45
Partial denture custom tray	\$ _____	\$ _____	13

Bite Block/Bite Rim for Dentures (TRIAD material not shellac Vacuform)	\$ _____	\$ _____	58
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Partial Dentures:

The framework has already been made by the VA Central Lab Total 13

Set-up charge:	\$ _____	\$ _____	13
Additional charge for each IPN anterior tooth	\$ _____	\$ _____	6
Additional charge for each IPN posterior tooth	\$ _____	\$ _____	7

Process and finish charge:	\$ _____	\$ _____	13
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Does finish Charge include Identification YES _____
NO _____

If No, what is additional charge for Identification \$ _____

Complete Dentures: Total 45

A. Set up charge	\$ _____	\$ _____	45
Additional charge for IPN teeth (1x14)	\$ _____	\$ _____	45
B. Process and finish	\$ _____	\$ _____	45

Does this include Identification YES _____
NO _____

If no, what additional charge for Identification \$ _____

Crown and Bridge (includes pouring impressions and making dies Total 6 Units

A. Crown: porcelain with Noble metal	\$ _____	\$ _____	2
B. Crown: full cast Noble metal	\$ _____	\$ _____	1
C. Bridge Abutment: Crown porcelain with Noble metal	\$ _____	\$ _____	2
D. Bridge Abutment Crown full cast Noble metal	\$ _____	\$ _____	1